

Montana Arts Council



PUBLIC VALUE PARTNERSHIPS THE ARTS

Valued by Montanans
Worthy of State Investment

Please type your application

Organization			DUNS Number
Executive Director			Executive Director E-mail
Grant Contact Person	Title	Daytime Phone	
Organization Address			Evening Phone
City	State	Zip	Fax Number
Organization Website		E-mail Address(es)	
Board Member Public Value Contact			E-mail Address(es)
Address			Fax Number
City	State	Zip Code	E-mail Address
Name of Board Chair		Term	Daytime Phone
Address of Board Chair			E-mail Address(es)

Organization							
AUTHORIZING OFFICIAL							
Name				Title		Daytime Phone	
Signature							
ORGANIZATION							
Total Number of Individuals Served				Number of Volunteers			
Organization Director is: Full Time Part Time at ____% Volunteer							
Number of Staff who are: ____ Full Time ____ Part Time							
Do you own your own facility?				Do you lease your facility or operate it on behalf of a government agency?			
1. <u>What is the mission of your organization?</u>							
2. <u>If you have adopted one, what is the vision or future goals statement for your organization?</u>							
FOR OFFICE USE ONLY							
Grant Number					Community Type		
Project Discipline	Activity Type	Project Type	Status Code	Inst Code	Discipline Code		Arts Ed Presenting & Touring